

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-REASONED CAUSE OF DEATH AND SIGN CERTIFICATE TO ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER RECUTING CERTIFICATE MUST COMPLETE AND SIGN CERTIFICATE WITHIN 72 HOURS OF DEATH.

DO NOT WRITE IN THESE SPACES. CAUSE OF DEATH MUST BE SPECIFIED IN PART I.

FUNERAL PERSON BODY MUST BE PREPARED WITHIN 72 HOURS AFTER DEATH AND FOR TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

1991
1A
MAY 26

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

BIRTH NO.		DEATH NO. 65-023111	
1. NAME Minnie (Robison) FIRST MIDDLE LAST		2. DATE OF DEATH 8-4-1965 MONTH DAY YEAR	
3. COLOR OR RACE W	4. SEX F	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	6. DATE MONTH DAY YEAR OF BIRTH 5-29-1889
7. AGE (IN YEARS LAST BIRTHDAY) 76	8. PLACE OF DEATH A. COUNTY Shelby	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Mo. B. COUNTY Dunklin C. CIVIL DISTRICT	
10. PLACE OF DEATH A. COUNTY Shelby		B. CIVIL DISTRICT	C. CITY OR TOWN Kennett
11. CITY OR TOWN Memphis Tenn.		D. LENGTH OF STAY IN THIS PLACE	E. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
12. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Baptist		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	G. STREET ADDRESS (OR LOCATION) 605 West 7th
13. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Domestic		10a. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER None
14. BIRTHPLACE (State or Foreign Country) Tennessee		14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. NAME OF HUSBAND OR WIFE W.A. Robison
16. FATHER'S NAME Robert Bond		17. MOTHER'S MAIDEN NAME Sarah E. Blakeney	18. INFORMANT ADDRESS W.A. Robison Kennett, Missouri
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Carcinoma of esophagus 150 Post operative status - DUE TO (B) esophagectomy and esophag. g. resection DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			20. INTERVAL BETWEEN ONSET AND DEATH 12 weeks 48 hours 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of form 121)	
21c. TIME OF INJURY. HOUR NO. DAY YR. A.M. P.M.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. PLACE OF INJURY (In or about Home, Farm, Factory, Street, Office Building, etc.)		21f. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE [Signature] M.D. <input checked="" type="checkbox"/> MED. EXAM. <input type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY) ADDRESS 910 Madison Ave DATE 8/4/65			
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE OF BURIAL, CREMATION, OR REMOVAL August 4, 1965	23c. NAME OF Cemetery or Crematory Oak Ridge Cemetery	23d. LOCATION CITY, TOWN OR COUNTY STATE Kennett Missouri
24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Service Kennett, Mo.		25. REGISTRATION DIST. NO. 791	26. DATE SIGNED BY LOCAL REG. AUG 9 - 1965
		27. REGISTRAR'S SIGNATURE [Signature] Deputy.	

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

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